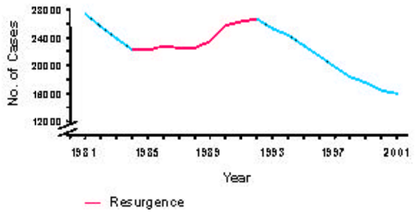
TB Elimination: Now Is the Time!

Many people think that tuberculosis (TB) is a disease of the past— an illness that no longer threatens us today. One reason for this belief is that, in the United States, we are currently seeing a decline in TB, and we are at an all-time low in the number of new cases. However, that very success makes us vulnerable to the complacency and neglect that come with declining numbers of visible persons suffering with TB. But it also gives us an opportunity to eliminate TB in this country. Now is the time to take decisive actions, beyond our current efforts, that will ensure that we reach this attainable goal.

The Price of Neglect

- In the 1970s and early 1980s, the nation let its guard down and TB control efforts were neglected. The country became complacent about TB, and many states and cities redirected TB prevention and control funds to other programs.
- Consequently, the trend toward elimination was reversed and the nation experienced a resurgence of TB, with a 20% increase in TB cases reported between 1985 and 1992. Many of these were persons with difficult-to-treat drug-resistant TB.

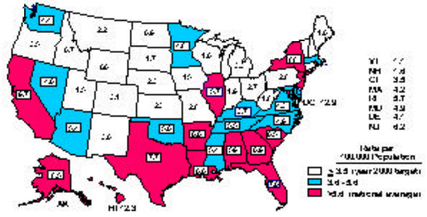
Reported Tuberculosis Cases
United States, 1981 - 2001



Back on Track Toward Elimination

- The nation's mobilization of additional resources in the 1990s has paid off; 2001 represented the 9th consecutive year of decline and an all-time low in reported TB cases.
- In 2001, there were 15,989 cases of TB disease reported in the United States, declining 2% from 16,377 cases in 2000. This recent recovery has put us back on track toward TB elimination.

Tuberculosis Case Rates
United States, 2001



Finishing the Job

What CDC Is Doing to Eliminate TB in the United States

Maintaining Control: By strengthening current TB control, treatment, and prevention systems, we ensure the proper treatment of people with active TB disease so it is not spread to others; we also prevent the emergence of MDR TB.

Accelerating the Decline: By finding better methods of identifying and treating latent TB infection (LTBI) and improving strategies to reach at-risk populations, we will speed our progress toward elimination.

Developing New Tools for Diagnosis, Treatment, and Prevention: Through research to develop more effective methods of screening for latent TB infection, better drugs to treat latent TB infection, and an effective TB vaccine, we will find vital ways to stop the progression from latent infection to contagious disease.

Engaging in Global TB Prevention and Control: In providing leadership, contributing technical support, and forming international partnerships, we improve global health; worldwide control of TB is in the nation's self-interest.

Mobilizing Support for TB Elimination: By reaching leaders of high-risk groups, we can work together to eliminate a disease that burdens their community.

Monitoring Progress: By assessing the impact of our elimination efforts, we can continually monitor our progress and identify and address any lapses in

Contact Information

Centers for Disease Control and Prevention
Division of TB Elimination Web Site: **www.cdc.gov/tb**
CDC Voice Information System: 1-888-232-3228

CDC National Prevention Information Network
Web Site: **www.cdcnpin.org**
Telephone: 1-800-458-5231

American Lung Association
Web Site: **www.lungusa.org/diseases/lungtb.html**
Telephone: 1-800-LUNG-USA

Results, Inc.
Web Site: **www.resultsusa.org**
Telephone: 202-783-7100

E-mail News Service
A free electronic subscription to summaries of HIV, STD, and TB news articles can be obtained by sending a blank message to:
www.preventionnews-subscribe@cdcnpin.org.
Allow 48 hours for subscription to become effective.

What can you do to help eliminate TB in the U.S.?

1. Spread the word that TB is not a disease of the past.
2. Support efforts that educate your community about TB.
3. Help break down the stigma associated with TB; after all, anyone can get TB.

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Global Perspective on Tuberculosis (TB)

While TB is an ancient disease, it is also one of the world's deadliest:

- Each year, 8 million people around the world become sick with TB.
- One third of the world's population is infected with TB.
- Each year, there are over 2 million TB-related deaths worldwide.
- TB is the leading killer of people who are HIV-infected, accounting for one third of AIDS deaths worldwide.
- TB causes more deaths among women worldwide than all causes of maternal mortality combined.

"Now is the time to stop the recurrent cycles of neglect that have been the history of tuberculosis in the United States."

Institute of Medicine, 2000

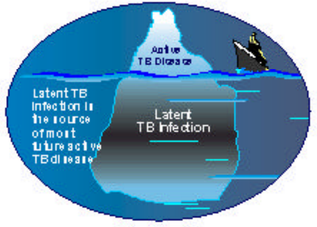
What Is Tuberculosis (TB)?

TB is caused by a bacteria called *Mycobacterium tuberculosis*. When a person with active TB disease coughs or sneezes, tiny particles containing *M. tuberculosis* may be expelled into the air. If another person inhales air that contains these particles, transmission from one person to another may occur. However, not everyone infected with TB bacteria becomes sick; as a result, two TB-related conditions exist: latent TB infection (LTBI) and active TB disease — both of which are treatable and curable.

A Person with Latent TB Infection (LTBI)	A Person with Active TB Disease
• has TB bacteria in his/her body, that are alive but inactive	• has active TB bacteria in his/her body
• does not feel sick and is not contagious	• feels sick and experiences symptoms such as coughing, fever, and weight loss
• may become sick if the bacteria become active in his/her body	• may spread TB bacteria to others
• needs treatment for latent TB infection to prevent active TB disease	• needs treatment to cure active TB disease

TB Continues to Lurk Below the Surface

There are an estimated 10 to 15 million persons in the United States with latent TB infection, and about 10% of these infected individuals will develop active TB disease at some point in their lives. A much higher proportion develop active TB disease if coinfected with HIV, the virus that causes AIDS.



HIV and TB Coinfection

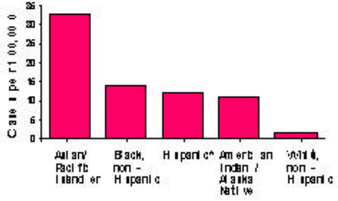
Because HIV weakens the immune system, someone with TB infection and HIV infection has a very high risk of progressing to active TB disease.

- People coinfected with HIV and TB are up to **800** times more likely to develop active TB disease during their lifetime than people without HIV.
- Approximately 10%-15% of the national total of TB cases are reported in people living with HIV.

TB's Disproportionate Burden on Minorities

In 2001, 79% of all reported TB cases in the U.S. occurred in racial and ethnic minorities. Several factors likely contribute to the disproportionate burden of TB on minorities. Among people from countries where TB is common, TB disease may result from an infection acquired in their home country. Among racial and ethnic minorities, unequal distribution of TB risk factors, particularly HIV infection, can also increase the chance of developing the disease.

TB Case Rates by Race/ Ethnicity, United States, 2001



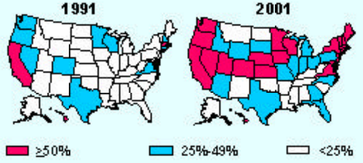
*Persons of Hispanic origin may be of any race.

TB Poses Greater Challenge Than Ever Before

The increasing proportion of cases in the U.S. among people born outside the U.S.

- In 2001, foreign-born individuals accounted for 50% of all TB cases in the United States, as compared to 22% in 1986.
- This increase reflects the global magnitude of TB as an important health problem.

Percentage of TB Cases Among Foreign-Born Persons



The continued threat of multidrug-resistant TB (MDR TB)

- If people with TB disease do not complete treatment for at least 6 months, they can develop and spread strains of TB that are resistant to available drugs.
- MDR TB is extremely difficult to treat and one case can cost up to $1 million to treat.
- Forty-five states and the District of Columbia have reported diagnosing and caring for persons with MDR TB.

The impact of declining TB cases on TB control and prevention

- Some areas are having increasing difficulty in assuring proficiency among health care providers in diagnosing and treating active TB disease and latent TB infection.
- Diagnosis of infectious cases may be delayed because of health care providers' lack of experience, resulting in unnecessary transmission to others.